



**FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM**

Request for Application

BASE FUNDING

**California Healthcare Workforce Policy Commission
1600 9th Street, Room 440
Sacramento, California 95814
(916) 653-0733**

August 2007

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

TABLE OF CONTENTS

INFORMATION

Schedule and Deadlines	i
Authority.....	ii
Funding	ii
Eligibility	iii
Selection Criteria.....	iii
Questions.....	iii
Application Information	iv
Invitation.....	v
Instructions.....	v-vii
Checklist	viii

APPLICATION

	Face Sheet	1
Section I	Executive Summary/Program Statistics/History	2
Section II	Program Graduates	3-4
Section III	Racial/Ethnic Background of Students.....	5-7
Section IV	Training in Areas of Unmet Need.....	8-9
Section V	Budget	10-13
Section VI	Team Training.....	14
Section VII	Faculty	15-16
Section VIII	Evaluation	17-19
Section IX	Program Changes/Letters of Support	20
Section X	Accreditation/Approval	21

ATTACHMENTS

A	Health and Safety Code, Section 128200-128240
B	Standards for Physician Assistants
C	Standards for Family Nurse Practitioners
D	Guidelines for Funding Applicants/Program Evaluation for Physician Assistants
E	Guidelines for Funding Applicants/Program Evaluation for Family Nurse Practitioners
F	California Healthcare Workforce Policy Commission Operating Guidelines

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

SCHEDULE AND DEADLINES

July 02, 2007	Release of Request for Application (RFA). Post RFA on the California Healthcare Workforce Policy Commission (Commission) web site at: http://www.oshpd.ca.gov/Boards/HWPC/index.htm
August 29, 2007	APPLICATION DUE. Completed application must be received at the Commission office by 5:00 p.m. on due date. (Due date postmarks <u>will not</u> be accepted.)
August 30, 2007 - October 14, 2007	Review of applications
November 14-15, 2007	Commission meeting: Presentations by family nurse practitioner/physician assistant programs; award of funds.
November 21, 2007	Send notices to awardees. Post and announce final Song-Brown FNP/PA Training Program <u>awards</u> on the OSHPD web site at: http://www.oshpd.ca.gov/oshpdSERVICES/PressRel.htm
December 2007 - February 2008	Write Contracts
December 2007 - February 2008	Send contract agreements to FNP/PA programs for signatures.
July 1, 2008 – June 30, 2009	Contracts effective

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

INFORMATION

AUTHORITY:

Pursuant to the Song-Brown Health Care Workforce Training Act, Health & Safety Code Sections 128200, et. seq., (see Attachment A) the California Healthcare Workforce Policy Commission (Commission) will be considering applications to support the training of physician's assistant and family nurse practitioners at its next meeting **November 14-15, 2007**. After review of the applications, recommendations for the award of contracts will be made by the Commission to the Director of the Office of Statewide Health Planning and Development (OSHPD).

FUNDING:

Applicants awarded funds will enter into a contract with OSHPD for the fiscal period beginning July 1, 2008 and ending on June 30, 2009. Payments will be made on a quarterly basis (every three months) upon receipt of a quarterly certification form from the program documenting that the program has met the intent of the contract.

Section 128230 of the Song-Brown Act requires that:

"...the Commission shall give priority to programs that have demonstrated success in the following areas:

- (a) Actual placement of individuals in medically underserved areas.
- (b) Success in attracting members of medically underserved minority groups to the program.
- (c) Success in attracting and admitting individuals who were former residents of medically underserved areas.
- (d) Location of the program in a medically underserved area.
- (e) The degree to which the program has agreed to accept individuals with an obligation to repay loans awarded pursuant to the Health Professions Education Fund."

A minimum of \$1.35 million will be available for Base Funding awards. The Commission may award full funding, partial, or no funding to an applicant based on the applicant's success in meeting the selection criteria and the amount of funds available to award.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

ELIGIBILITY:

Each Primary Care Physician Assistant Training Program approved for funding under the Song-Brown Health Care Workforce Training Act (hereinafter “the Act”) shall meet the standards set forth by the Medical Board of California for the training of Assistants to the Primary Care Physician pursuant to Section 3500, Chapter 7.7, Div. 2 of the Business and Professions Code and to Section 1399.500, Article 1-7, Div. 13.8, Physician Assistant Examining Committee of the Medical Board of California, Title 16 of the California Code of Regulations. (See Attachment B)

Each Family Nurse Practitioner Training Program approved for funding under the Song-Brown Health Care Workforce Training Act (hereinafter “the Act”) shall be operated by an accredited California School of Medicine or an accredited California School of Nursing or shall be approved by the Regents of the University of California or by the Trustees of the California State University and Colleges, or shall be approved by the Board of Registered Nursing pursuant to Section 2834-2837, Article 8, Chapter 6, Div. 2, of the Business and Professions Code. (See Attachment C)

SELECTION CRITERIA:

Applications received will be evaluated based on each applicant’s ability to demonstrate in the application and presentation to the Commission that they meet the Standards and Guidelines for Funding adopted by the Commission. (See Attachments B - E)

QUESTIONS:

Questions regarding the Request for Application (RFA) and the review process may be submitted to OSHPD by contacting:

Manuela Lachica at (916) 654-1311, via e-mail at: mlachica@oshpd.ca.gov, or by FAX at (916) 654-3138.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

APPLICATION INFORMATION:

The applicant is to submit one completed checklist and one signed original application package with seventeen (17) copies, for a total of eighteen (18) complete applications.

Copies must be:

- Double-sided (back to back)
- Binder clipped together, do not use rubber bands, paper clips, folders, or staples.

Submit package to:

Office of Statewide Health Planning and Development
Healthcare Workforce and Community Development Division
1600 9th Street, Room 440
Sacramento, California 95814
Attn: Manuela Lachica

DEADLINE:

The complete application package must be received at the address above by 5:00 p.m. Pacific Time on August 29, 2007. No extensions of the due date and/or time will be granted.

We encourage programs to submit their application packages in advance of the final deadline. If you would like to receive confirmation that we have received your application and that it is complete, please contact Melissa Omand at (916) 654-2091 momand@oshpd.ca.gov or Jeri Westerfeld at (916) 653-0283 jwesterf@oshpd.ca.gov.

PLEASE NOTE: *Acceptance of applications will NOT be based on postmarks. It is the applicant's responsibility to ensure that the application package is received by the deadline.*

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

INVITATION:

The Commission invites the Program Director, or other authorized representative of the applicant to be present at its meeting **November 14-15 2007**, to provide a summary of the proposed application (no more than ten minutes in length) and answer any questions the Commission might have. Applicants are strongly encouraged to attend the Commission meeting and remain until funding decisions are made in order to be available to answer questions regarding the program and/or application which may arise subsequent to the presentation by the program. The applicant's authorized representative should be prepared to amend the request if the Commission suggests that such an amendment would enhance the applicant's chances for funding. Presentations will be heard by the Commission in the order that applications are received by OSHPD.

INSTRUCTIONS:

All applicants are to use the application with a revision date of [06/01/2007](#); using any other version of the application will disqualify the applicant from this funding cycle. This application is available by e-mail in Microsoft Word format. Please submit your requests for electronic format to Melissa Omand at (916) 654-2091 or momand@oshpd.ca.gov.

1. The application must be:
 - Typewritten, word-processed, or laser-printed
 - Single-spaced
 - No less than 12 point font
 - Numbered at the bottom of each page
2. All applicants must complete the Application Face Sheet and Sections I through X inclusive.
3. All questions included in the application must be addressed. If a question is not applicable to your program, answer **N/A**. If a question is left blank, the application will be considered incomplete and will be deemed ineligible.
4. If any acronyms or abbreviations are used, include an acronym or abbreviation definition page.
5. Unless otherwise directed within the application, use continuation pages (**a maximum of five pages per item**) if additional space is needed to complete any item. Identify each item with its title and attach it to the appropriate page of the application. Please number these continuation pages using the following: Page 2, Page 2a, Page 2b, etc.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

The following are specific instructions related to each section of the application, failure to provide information as instructed could result in the application being disqualified.

Checklist

- All applicants must complete the enclosed checklist and submit with the applications.

Application Face Sheet

- Program Director is the individual who is to direct the proposed program and who will be responsible for the program. The Program Director will be required each quarter to certify any expenditures pertaining to the contract and sign all quarterly certifications.
- Contract Organization is the institution which will be legally and financially responsible and accountable for all State funds awarded on the basis of this application. The contract is written with this organization. Please provide the name of the current Contracts Officer, phone number, and address where the contract should be mailed.
- Sign Application Face Sheet in blue ink.
- Any changes of Program Director or Contract Organization during the application period must be made known to OSHPD, attention Manuela Lachica, by formal letter as soon as possible.

Section I – Executive Summary/Program Statistics/History

- Complete all questions, indicate N/A if the question does not pertain to the applicant program.
- When providing the answers, re-state the question and provide the answer beneath.

Section II – Program Graduates

- Complete all questions, indicate N/A if the question does not pertain to the applicant program.
- For each graduate provide the current practice site on page 6. The address should be the complete physical address (street, city, and zip code) of their current practice site not their original placement site. If practice site is unknown indicate N/A.
- Do not use P.O. Boxes

Section III – Racial/Ethnic Background of Students

- Complete Grid #1 on page 6
- For all graduates/students listed as “other”, specify the race/ethnicity including number of each.
- Describe the relevance to the population being served.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

Section IV – Training in Areas of Unmet Need

- Complete all questions, indicate N/A if the question does not pertain to the applicant program.
- When providing the answers, re-state the question and provide the answer beneath.
- When completing the table for training sites in areas of unmet need on page 8, provide a complete physical address (street, city, and zip code) for each training site.
- Do not use P.O. Boxes

Section V – Budget/Budget Proposal Summary

- Complete all questions, indicate N/A if the question does not pertain to the applicant program.
- Provide a statement of duties for any request of personnel funding.
- Round amounts to the nearest whole dollar.
- Ensure that the total for the line items equals the total funding requested on the Application Face Sheet.

Section VI – Team Training

- Complete all questions, indicate N/A if the question does not pertain to the applicant program.

Section VII – Faculty

- Complete all questions, indicate N/A if the question does not pertain to the applicant program.
- Faculty information must be presented on the forms provided.
- Provide sketches of up to six (6) key faculty members, completing one form for each faculty.

Section VIII– Evaluation

- Complete Grid #2
- Provide summary of results and describe activities to address deficiencies.

Section IX – Program Changes/Letters of Support

- Provide any significant changes in your program since the last application.
- Provide letters of support from community organizations (e.g. clinics) associated with your program.

Section X – Accreditation/Approval

- Attach copies of the most recent accreditation or approval letter from the appropriate accrediting agency/board. You must include all correspondence in regard to cited deficiencies

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

CHECKLIST

Please use the following checklist to ensure your application includes all required items. Include checklist in submission of RFA.

Face Sheet

- ☐ All information completed
- ☐ Proper contract organization provided
- ☐ Appropriate signatures obtained

Section I (Executive Summary/Program Statistics/History)

- ☐ Brief overview of proposal provided
- ☐ All questions answered in the proper format (see pg. v for instructions)
- ☐ Brief history of program provided

Section II (Program Graduates)

- ☐ All questions answered in the proper format (see pg. v for instructions)
- ☐ Provided program graduate data for 2004 – 2006 graduating classes
- ☐ Provided a complete address for each graduates' current practice site

Section III (Racial/Ethnic Background of Students)

- ☐ Grid #1 completed (page 5)
- ☐ Grid #1-total graduates/students for each year equals the total of columns A-G
- ☐ Grid #1-for graduates/students reported as "other", specified race/ethnicity and number of each
- ☐ Described relevance to population served for graduates/students identified as "other"

Section IV (Training in Areas of Unmet Need)

- ☐ All questions answered in the proper format (see pg. v for instructions)
- ☐ Complete addresses provided for training sites used within the last year only

Section V (Budget)

- ☐ All questions answered ☐ All tables completed
- ☐ Amounts rounded to the nearest whole dollar
- ☐ Statement of duties for each personnel included in the budget
- ☐ Song-Brown funding request adds up to amount requested on Application Face Sheet

Section VI (Team Training)

- ☐ All questions answered in proper format (see page vi for instructions)

Section VII (Faculty)

- ☐ All questions answered in proper format (see page vi for instructions)
- ☐ Up to six biographical sketches provided using appropriate format (see page vi for instructions)

Section VIII (Evaluation)

- ☐ Grid #2 completed ☐ Brief summary of results and activities to address deficiencies provided

Section IX (Program Changes/Letters of Support)

- ☐ Summary of significant changes to program provided
- ☐ Provided letters of support from community based organizations associated with the program

Section X (Accreditation/Approval)

- ☐ Copy of the most recent accreditation or approval letter(s) from the appropriate accrediting agency/board

- ☐ **Acronym or abbreviation page** – provided if acronyms or abbreviations used in the application

Note: The application packet must be complete when submitted. Incomplete applications will be deemed ineligible.

Program Director Signature

Date

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

FACE SHEET

For Commission Use Only:

Application I.D. NO.

☐ PA PROGRAM
☐ FNP PROGRAM

TO BE COMPLETED BY APPLICANT AGENCY

Title of Training Program

Program Director Name

Degrees

Title of Position

Mailing Address (Organization, Street, City, State, Zip Code)

Telephone No.

E-Mail Address

FAX Number

Federal Tax ID Number

AMOUNT OF FUNDS APPLYING FOR:

Grand Total Requested: \$

Contract Organization (Name)

Address (Street, City, State, Zip Code)

Chief Administrative Officer of
Applicant Institution

Name and Title of Contracts Officer for
Applicant Institution

Telephone Number (Area Code, Number, Extension)

E-Mail Address

**CERTIFICATION AND ACCEPTANCE: (Please sign application in blue ink) we,
the undersigned, certify that the statements
herein are true and complete to the best of
our knowledge:**

Program Director

Administrative Authority

Date:

Date:

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

Section I - Executive Summary/Program Statistics/History

Executive Summary:

- Provide an Executive Summary of your application (no more than 1 page) containing a brief overview of your proposal.

Program Statistics:

- Provide answers to each of the following questions. **When providing you're answers, please re-state the question and then provide your answer beneath.**
 1. What is the total enrollment for your program?
 2. How many students are you currently training?
 3. Explain any differences between the total enrollment and the number of students currently being trained.
 4. Approximately how many currently trained students are being supported by Song-Brown funds?
 5. Provide the average number of patients seen by a 2nd year student during their clinical year.

History:

- Provide a brief history of your program (no more than 2 paragraphs).

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

Section II - Program Graduates

(Priority for funding shall be given to programs that demonstrate success in this area)

1. Describe the training program's counseling and placement program designed to encourage graduates to practice in areas of need.
2. How does your program prepare graduates to provide culturally competent/culturally responsive care in medically underserved areas? Specifically:
 - a) How does your program define culturally competent/culturally responsive care?
 - b) How do you incorporate culturally competent/culturally responsive care into your curriculum?
 - c) How does it benefit or relate to your patient population?

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

Section II - Program Graduates

(Priority for funding shall be given to programs that demonstrate success in this area)

List graduates of the training program for each graduating class from June 2004 through June of 2006, including the following information (one line per graduate). List graduates in order of year of graduation, beginning with 2004 first. If **current** practice site of graduate is unknown answer N/A.

You may locate the OSHPD ID for a California licensed hospital or community clinic using the following web site:
<http://www.oshpd.ca.gov/HQAD/Hospital/hosplist.htm> and <http://www.oshpd.ca.gov/HQAD/Clinics/clinlist.htm>. Indicate N/A if the site is neither a licensed hospital nor community clinic.

Graduate Year	Graduate Name	Ethnicity	<u>Name of Current Practice Site</u> Street, City, & Zip Code -DO NOT USE P.O. BOXES-	OSHPD ID	*NHSC Scholar	Practice Specialty

*Indicate if graduate is a National Health Service Corps recipient.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

Section III – Racial/Ethnic Background of Students

(Priority for funding shall be given to programs that demonstrate success in this area)

List the racial/ethnic background of students graduating from your family nurse practitioner/physician assistant training program on Grid #1, page 6. Based on the definitions below, please pick the category that best describes each graduate.

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION

RACE/ETHNICITY DEFINITIONS

Underrepresented Minority refers to racial and ethnic populations that are underrepresented in the health professions relative to their numbers in the total population under consideration. In most instances this will include American Indians or Alaska Natives, Black or African Americans, Hispanics or Latinos, Native Hawaiians and other Pacific Islanders, and Asians **other than: Chinese, Filipino, Japanese, Korean, Malaysian, Pakistanis, Asian Indian, and Thai.**

American Indian or Alaska Native means a person having origins in any of the original peoples of North and South America (including Central America).

Asian means a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (except Chinese, Filipino, Japanese, Korean, Malaysian, Pakistanis, Asian Indian, or Thai).

Black or African American means a person having origins in any of the black racial groups of Africa.

Hispanics or Latino means a person of Cuban, Mexican, Puerto Rican, Central or South American origin, regardless of race.

Native Hawaiian or Other Pacific Islander means a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White/Caucasian means a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Other means a person of any race or ethnicity not identified as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, and White/Caucasian.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

**Section III - GRID #1
STUDENTS GRADUATING FROM/ENROLLED IN PHYSICIAN ASSISTANT AND
NURSE PRACTITIONER PROGRAMS ACCORDING TO RACE/ETHNICITY**

(Priority for funding shall be given to programs that demonstrate success in this area)

	A	B	C	D	E	F	G	
Minority Category	American Indian or Alaska Native	¹ Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White/Caucasian	² Other	Total Graduates/Students
Students graduating in 2004								
Students graduating in 2005								
Students graduating in 2006								
Total								
Entering first year students								
Total								

¹Asian (other than Chinese, Filipino, Japanese, Korean, Malaysians, Pakistanis, Asian Indian or Thai)

²Other (All other graduates/students not indicated in lines A – F). Please specify Race/Ethnicity including number of each.

Total Graduates/Students = lines A-G

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

Section III – Racial/Ethnic Background of Students

(Priority for funding shall be given to programs that demonstrate success in this area)

For any graduate/student identified as “Other” on Grid #1, describe their relevance to the population being served.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

Section IV – Training in Areas of Unmet Need

(Priority for funding shall be given to programs that demonstrate success in this area)

Please provide answers to each of the following questions, **when providing you're answers, please re-state the question and then provide your answer beneath.**

1. Explain the program strategies to increase the delivery of primary care services in specific areas of California where there is a recognized area of unmet priority need for primary care services.
2. Explain the program strategies developed to identify, recruit and admit trainees who possess characteristics that would suggest a predisposition to practice in areas of unmet priority need and express commitment to serve in those areas.
3. What components of the training program prepare graduates for the care of medically underserved populations? How many trainees participate in each training component and include the length of time spent in each.
4. What is the total number of clinical hours that your program students are required to complete during all of their years in the program? _____
5. Does the program have a required number of hours that must be spent in a clinical site located in an area of unmet priority need (according to OSHPD specifications)? **Yes or No.**
 - a. If so, what is the required number of these hours? _____
 - b. If so, what percent of the total number of clinical hours must be spent in OSHPD specified areas of unmet priority need? _____
6. What is the average (mean) number of hours spent by your program students in OSHPD specified areas of unmet priority need? Calculate this based upon the actual data from student clinical records. _____
7. What % of your program's total clinical hours (provided in 5 above) is the mean number of hours provided in question 7? _____
8. On the following page, please provide a complete address (street, city, county and zip code) for each of your training program's training sites. Sites are to be listed once and only if used within the last academic year.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

Section IV – Training in Areas of Unmet Need

(Priority for funding shall be given to programs that demonstrate success in this area)

Provide a complete address for each of your training program's training sites. Sites are to be listed only once and only if used within the last academic year.

You may locate the OSHPD ID for a California licensed hospital or community clinic using the following web site:
<http://www.oshpd.ca.gov/HQAD/Hospital/hosplist.htm> and <http://www.oshpd.ca.gov/HQAD/Clinics/clinlist.htm>

*NHSC	Name of Site:	Address: (Street, city, state & zip code) DO NOT USE P.O. BOXES	OSHPD ID

*NHSC (National Health Service Corps) Please indicate if training site is a NHSC training site.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

Section V – Budget

1. Complete the Budget Proposal Summary on pages 10-12 of the application, rounding amounts to the nearest whole dollar.
 - a) Show which elements of the budget would be funded by Song-Brown.
 - b) Show all expected sources of revenue.
 - c) If your total costs do not equal total revenues, please explain.
2. On a separate sheet, provide justifications for all personnel included in the budget. A statement of duties is required for any request of personnel funding.
3. On a separate sheet, justify your request for continued or expanded funding.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

BUDGET PROPOSAL SUMMARY

Please complete a Budget Proposal Summary and line item detail for which funding is requested rounded to the nearest dollar.

LINE ITEM	TOTAL ANNUAL BUDGET	SONG-BROWN FUNDING
(1) Personnel		
(2) Operating Expenses		
(3) Major Equipment		
(4) Other Costs		
(5) Subtotal		
(6) Indirect Costs (8% maximum)		
(7) Total Proposed Budget		

Would the applicant institution consider waiving the (8% maximum) indirect costs?

☐ Yes ☐ No

EXPECTED REVENUE SOURCES

Source of Funding	Amount
Federal Funding	
Research Grants	
Private Grants or Legacies	
Medical School Support, if applicable	
Institutional Support	
Family Practice Center, if applicable	
State of California (Health Care Workforce Training Act)	
Other (Please explain)	
Total	

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

BUDGET PROPOSAL - PERSONNEL LINE ITEM DETAIL

		A	B	C
		Total Annual Salary and Benefits (\$)	Requested Percent of Total Annual Salary & Benefits (%)	¹Song-Brown funding Requested (\$)
PERSONNEL				
1				
2				
3				
4				
5				
6				
Total Personnel Line Item				

¹Song-Brown funding requested = Column A multiplied by Column B

BUDGET PROPOSAL – OPERATING EXPENSES LINE ITEM DETAIL

		Total Annual Budget	Song-Brown Funding Requested
OPERATING EXPENSES			
1			
2			
3			
4			
Total Operating Expenses Line Item			

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

BUDGET PROPOSAL – MAJOR EQUIPMENT LINE ITEM DETAIL

MAJOR EQUIPMENT		Total Annual Budget	Song-Brown Funding Requested
1			
2			
3			
4			
5			
Total Operating Expenses Line Item			

BUDGET PROPOSAL –OTHER COSTS LINE ITEM DETAIL

OTHER COSTS		Total Annual Budget	Song-Brown Funding Requested
1			
2			
3			
4			
5			
Total Other Costs Line Item			

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

Section VI - Team Training

1. Describe how the training program teaches students to practice as members of a health care team (FPR-Family Practice Resident, NP- Nurse Practitioner, & PA-Physician Assistant).
2. Describe any affiliation or linkages with FPR training programs. Include collaborative or interdisciplinary efforts.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

Section VII – Faculty

Please provide answers to each of the following questions:

1. Describe the resources available to the training program, including faculty, supporting staff, and facilities.
2. Is your staff reflective of the student population at your school? Please explain.
3. Include up to **six** biographical sketches of key faculty, including training program directors and co-directors, and staff. Use the form provided on the next page, completing one form for each faculty member.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

Biographical Sketch. Give the following information for each key faculty member, whether or not salary is requested. Begin with the Program Director.

Name (Last, First, Initial)

Academic Title

Relationship to Proposed Program: What percentage of professional time is to be devoted to the program?

EDUCATION (Begin with baccalaureate training, include postdoctoral)

Institution

Discipline

Degree

Year
Conferred

Honors/Teaching Awards

Relevant Major Research, Scholarly Activity or Community Service related to Song-Brown

List Recent Relevant Publications

Professional and/or Research Experience (Start with present position and list recent significant experience to program).

Section VIII - Evaluation

Grid #2

Data for the Most Recent Three Graduating Classes of Primary Care PA & FNP Training Programs

Year of Graduating Class	Total Students Enrolled ¹	Students Withdrawn or Dropped ¹						Students Decelerating ¹						Part-time Students ¹		Students Fluent in a 2nd Language ¹ Related to Pop. Services	
		Minority ⁵		Non-minority		Total		Minority ⁵		Non-minority		Total					
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
2004																	
2005																	
2006																	
Total																	

Year (cont'd)	Students Graduating ¹						Graduates Responding ²		Graduates Practicing Primary Care in California ^{2,3}		Graduates Practicing in California with Underserved Populations ^{2,4}		Continued on next page
	Minority ⁵		Non-minority		Total								
	#	%	#	%	#	%	#	%	#	%	#	%	
2004													
2005													
2006													
Total													

¹All percentages for student columns should be shown as percents of students enrolled in the graduating class for that year (one class only).

²All percentages for graduate columns should be shown as percents of total graduates for the year.

³Family Practice, Internal Medicine, Pediatrics, OB/GYN

⁴Practices which serve > 50% MediCal and/or medically indigent uninsured patients

⁵CHWPC Definition of Underrepresented Minority

⁶Not required for practice in California

Section VIII - Evaluation

Grid #2

Data for the Most Recent Three Graduating Classes of Primary Care PA & FNP Training Programs

Year (cont'd)	Graduates Passing PA Certifying Exam ²								Graduates Passing NP Certifying Exam ^{2,6}							
	Graduates Responding		Minority ⁵		Non-minority		Total		Graduates Responding		Minority ⁵		Non-minority		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
2004																
2005																
2006																
Total																

¹ All percentages for student columns should be shown as percents of students enrolled in the graduating class for that year (one class only).

² All percentages for graduate columns should be shown as percents of total graduates for the year.

³ Family Practice, Internal Medicine, Pediatrics, OB/GYN

⁴ Practices which serve > 50% MediCal and/or medically indigent uninsured patients

⁵ CHWPC Definition of Underrepresented Minority

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**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

Section VIII – Evaluation

Provide a brief summary of the program graduates results on certifying exams (as provided on Grid #2) and describe activities to address deficiencies. (No more than 2 paragraphs).

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

Section IX – Program Changes/Letters of Support

1. If there have been any significant changes in your program since the last application, please explain.
2. Provide letters of support from community based organizations (e.g. clinics) associated with your program.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

Section X – Accreditation/Approval

For family nurse practitioner programs, attach copies of the most recent accreditation or approval letter from the appropriate accrediting agency/board. You must include any correspondence in regard to cited deficiencies.

For physician assistant programs, attach copies of the approval from the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA). You must include any correspondence in regard to cited deficiencies.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
PHYSICIAN ASSISTANT TRAINING PROGRAM
REQUEST FOR APPLICATION**

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**HEALTH AND SAFETY CODE
SECTION 128200-128240**

128200. (a) This article shall be known and may be cited as the Song-Brown Health Care Workforce Training Act.

(b) The Legislature hereby finds and declares that physicians engaged in family practice are in very short supply in California. The current emphasis placed on specialization in medical education has resulted in a shortage of physicians trained to provide comprehensive primary health care to families. The Legislature hereby declares that it regards the furtherance of a greater supply of competent family physicians to be a public purpose of great importance and further declares the establishment of the program pursuant to this article to be a desirable, necessary and economical method of increasing the number of family physicians to provide needed medical services to the people of California. The Legislature further declares that it is to the benefit of the state to assist in increasing the number of competent family physicians graduated by colleges and universities of this state to provide primary health care services to families within the state.

The Legislature finds that the shortage of family physicians can be improved by the placing of a higher priority by public and private medical schools, hospitals, and other health care delivery systems in this state, on the recruitment and improved training of medical students and residents to meet the need for family physicians. To help accomplish this goal, each medical school in California is encouraged to organize a strong family practice program or department. It is the intent of the Legislature that the programs or departments be headed by a physician who possesses specialty certification in the field of family practice, and has broad clinical experience in the field of family practice.

The Legislature further finds that encouraging the training of primary care physician's assistants and primary care nurse practitioners will assist in making primary health care services more accessible to the citizenry, and will, in conjunction with the training of family physicians, lead to an improved health care delivery system in California.

Community hospitals in general and rural community hospitals in particular, as well as other health care delivery systems, are encouraged to develop family practice residencies in affiliation or association with accredited medical schools, to help meet the need for family physicians in geographical areas of the state with recognized family primary health care needs. Utilization of expanded resources beyond university-based teaching hospitals should be emphasized, including facilities in rural areas wherever possible.

The Legislature also finds and declares that nurses are in very short supply in California. The Legislature hereby declares that it regards the furtherance of a greater supply of nurses to be a public purpose of great importance and further declares the expansion of the program pursuant to this article to include nurses to be a desirable, necessary, and economical method of increasing the number of nurses to provide needed nursing services to the people of California.

It is the intent of the Legislature to provide for a program designed primarily to increase the number of students and residents receiving quality education and training in the specialty of family practice and as primary care physician's assistants and primary care nurse practitioners, and registered nurses and to maximize the delivery of primary care family physician services to specific areas of California where there is a recognized unmet priority need. This program is intended to be implemented through contracts with accredited medical schools, programs that train primary care physician's assistants and programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems based on per-student or per-resident capitation formulas.

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

It is further intended by the Legislature that the programs will be professionally and administratively accountable so that the maximum cost-effectiveness will be achieved in meeting the professional training standards and criteria set forth in this article and Article 2 (commencing with Section 128250)

128205. As used in this article, and Article 2 (commencing with Section 128250), the following terms mean:

(a) "Family physician" means a primary care physician who is prepared to and renders continued comprehensive and preventative health care services to families and who has received specialized training in an approved family practice residency for three years after graduation from an accredited medical school.

(b) "Associated" and "affiliated" mean that relationship that exists by virtue of a formal written agreement between a hospital or other health care delivery system and an approved medical school which pertains to the family practice training program for which state contract funds are sought. This definition shall include agreements that may be entered into subsequent to October 2, 1973, as well as those relevant agreements that are in existence prior to October 2, 1973.

(c) "Commission" means the Healthcare Workforce Policy Commission.

(d) "Programs that train primary care physician's assistants" means a program that has been approved for the training of primary care physician assistants pursuant to Section 3513 of the Business and Professions Code.

(e) "Programs that train primary care nurse practitioners" means a program that is operated by a California school of medicine or nursing, or that is authorized by the Regents of the University of California or by the Trustees of the California State University, or that is approved by the Board of Registered Nursing.

(f) "Programs that train registered nurses" means a program that is operated by a California school of nursing and approved by the Board of Registered Nursing, or that is authorized by the Regents of the University of California, the Trustees of the California State University, or the Board of Governors of the California Community Colleges, and that is approved by the Board of Registered Nursing.

128210. There is hereby created a state medical contract program with accredited medical schools, programs that train primary care physician's assistants, programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems to increase the number of students and residents receiving quality education and training in the specialty of family practice or in nursing and to maximize the delivery of primary care family physician services to specific areas of California where there is a recognized unmet priority need for those services.

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

128215. There is hereby created a Healthcare Workforce Policy Commission. The commission shall be composed of 15 members who shall serve at the pleasure of their appointing authorities:

(a) Nine members appointed by the Governor, as follows:

(1) One representative of the University of California medical schools, from a nominee or nominees submitted by the University of California.

(2) One representative of the private medical or osteopathic schools accredited in California from individuals nominated by each of these schools.

(3) One representative of practicing family physicians

(4) One representative who is a practicing osteopathic physician or surgeon and who is board certified in either general or family practice.

(5) One representative of undergraduate medical students in a family practice program or residence in family practice training.

(6) One representative of trainees in a primary care physician's assistant program or a practicing physician's assistant.

(7) One representative of trainees in a primary care nurse practitioner's program or a practicing nurse practitioner.

(8) One representative of the Office of Statewide Health Planning and Development, from nominees submitted by the office director.

(9) One representative of practicing registered nurses.

(b) Two consumer representatives of the public who are not elected or appointed public officials, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Rules Committee.

(c) Two representatives of practicing registered nurses, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.

(d) Two representatives of students in a registered nurse training program, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.

(e) The Chief of the Health Professions Development Program in the Office of Statewide Health Planning and Development, or the chief's designee, shall serve as executive secretary for the commission.

128220. The members of the commission, other than state employees, shall receive compensation of twenty-five dollars (\$25) for each day's attendance at a commission meeting, in addition to actual and necessary travel expenses incurred in the course of attendance at a commission meeting.

128224. The commission shall identify specific areas of the state where unmet priority needs for dentists, physicians, and registered nurses exist.

128225. The commission shall do all of the following:

(a) Identify specific areas of the state where unmet priority needs for primary care family physicians and registered nurses exist.

(b) Establish standards for family practice training programs and family practice residency programs, postgraduate osteopathic medical programs in family practice, and primary care physician assistants programs and programs that train primary care nurse practitioners, including

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

appropriate provisions to encourage family physicians, osteopathic family physicians, primary care physician's assistants, and primary care nurse practitioners who receive training in accordance with this article and Article 2 (commencing with Section 128250) to provide needed services in areas of unmet need within the state. Standards for family practice residency programs shall provide that all the residency programs contracted for pursuant to this article and Article 2 (commencing with Section 128250) shall both meet the Residency Review Committee on Family Practice's "Essentials" for Residency Training in Family Practice and be approved by the Residency Review Committee on Family Practice. Standards for postgraduate osteopathic medical programs in family practice, as approved by the American Osteopathic Association Committee on Postdoctoral Training for interns and residents, shall be established to meet the requirements of this subdivision in order to ensure that those programs are comparable to the other programs specified in this subdivision. Every program shall include a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare program graduates for service in those neighborhoods and communities. Medical schools receiving funds under this article and Article 2 (commencing with Section 128250) shall have programs or departments that recognize family practice as a major independent specialty. Existence of a written agreement of affiliation or association between a hospital and an accredited medical school shall be regarded by the commission as a favorable factor in considering recommendations to the director for allocation of funds appropriated to the state medical contract program established under this article and Article 2 (commencing with Section 128250).

For purposes of this subdivision, "family practice" includes the general practice of medicine by osteopathic physicians.

(c) Establish standards for registered nurse training programs. The commission may accept those standards established by the Board of Registered Nursing.

(d) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of family practice programs or departments and family practice residencies and programs for the training of primary care physicians assistants and primary care nurse practitioners that are submitted to the Health Professions Development Program for participation in the contract program established by this article and Article 2 (commencing with Section 128250). If the commission determines that a program proposal that has been approved for funding or that is the recipient of funds under this article and Article 2 (commencing with Section 128250) does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections.

The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article and Article 2 (commencing with Section 128250).

(e) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of registered nurse training programs that are submitted to the Health Professions Development Program for participation in the contract program established by this article.

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

If the commission determines that program proposal that has been approved for funding or that is the recipient of funds under this article does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections. The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article

(f) Establish contract criteria and single per-student and per-resident capitation formulas that shall determine the amounts to be transferred to institutions receiving contracts for the training of family practice students and residents and primary care physician's assistants and primary care nurse practitioners and registered nurses pursuant to this article and Article 2 (commencing with Section 128250), except as otherwise provided in subdivision (d). Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of these single capitation formulas. The director may grant the waiver in exceptional cases upon a clear showing by the institution that a waiver is essential to the institution's ability to provide a program of a quality comparable to those provided by institutions that have not received waivers, taking into account the public interest in program cost-effectiveness. Recipients of funds appropriated by this article and Article 2 (commencing with Section 128250) shall, as a minimum, maintain the level of expenditure for family practice or primary care physician's assistant or family care nurse practitioner training that was provided by the recipients during the 1973-74 fiscal year. Recipients of funds appropriated for registered nurse training pursuant to this article shall, as a minimum, maintain the level of expenditure for registered nurse training that was provided by recipients during the 2004-05 fiscal year. Funds appropriated under this article and Article 2 (commencing with Section 128250) shall be used to develop new programs or to expand existing programs, and shall not replace funds supporting current family practice or registered nurse training programs. Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of this maintenance of effort provision. The director may grant the waiver if he or she determines that there is reasonable and proper cause to grant the waiver.

(g) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of special programs that may be funded on other than a capitation rate basis. These special programs may include the development and funding of the training of primary health care teams of family practice residents or family physicians and primary care physician assistants or primary care nurse practitioners or registered nurses, undergraduate medical education programs in family practice, and programs that link training programs and medically underserved communities in California that appear likely to result in the location and retention of training program graduates in those communities. These special programs also may include the development phase of new family practice residency, primary care physician assistant programs, or primary care nurse practitioner programs, or registered nurse programs.

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

The commission shall establish standards and contract criteria for special programs recommended under this subdivision.

(h) Review and evaluate these programs regarding compliance with this article and Article 2 (commencing with Section 128250). One standard for evaluation shall be the number of recipients who, after completing the program, actually go on to serve in areas of unmet priority for primary care family physicians in California or registered nurses who go on to serve in areas of unmet priority for registered nurses.

(i) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development on the awarding of funds for the purpose of making loan assumption payments for medical students who contractually agree to enter a primary care specialty and practice primary care medicine for a minimum of three consecutive years following completion of a primary care residency training program pursuant to Article 2 (commencing with Section 128250).

128230. When making recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of family practice programs or departments, family practice residencies, and programs for the training of primary care physician assistants and primary care nurse practitioners, or registered nurses, the commission shall give priority to programs that have demonstrated success in the following areas:

- (a) Actual placement of individuals in medically underserved areas.
- (b) Success in attracting and admitting members of minority groups to the program.
- (c) Success in attracting and admitting individuals who were former residents of medically underserved areas.
- (d) Location of the program in a medically underserved area.
- (e) The degree to which the program has agreed to accept individuals with an obligation to repay loans awarded pursuant to the Minority Health Professions Education Fund. (N.A.)

128235. Pursuant to this article and Article 2 (commencing with Section 128250), the Director of the Office of Statewide Health Planning and Development shall do all of the following:

(a) Determine whether family practice, primary care physician assistant training programs proposals, and primary care nurse practitioner training program proposals, and registered nurse training program proposals submitted to the ¹Healthcare Workforce Policy Commission for participation in the state medical contract program established by this article and Article 2 (commencing with Section 128250) meet the standards established by the commission.

(b) Select and contract on behalf of the state with accredited medical schools, programs that train primary care physician assistants, programs that train primary care nurse practitioners, hospitals, and other health care delivery systems for the purpose of training undergraduate medical students and residents in the specialty of family practice. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for primary care family physicians. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

(c) Select and contract on behalf of the state with programs that train registered nurses. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for registered nurses. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

(d) Terminate, upon 30 days' written notice, the contract of any institution whose program does not meet the standards established by the commission or that otherwise does not maintain proper compliance with this part, except as otherwise provided in contracts entered into by the director pursuant to this article and Article 2 (commencing with Section 128250),

128240. The Director of the Office of Statewide Health Planning and Development shall adopt, amend, or repeal regulations as necessary to enforce this article and Article 2 (commencing with Section 128250), which shall include criteria that training programs must meet in order to qualify for waivers of single capitation formulas or maintenance of effort requirements authorized by Section 128250. Regulations for the administration of this chapter shall be adopted, amended, or repealed as provided in Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
STANDARDS FOR PRIMARY CARE PHYSICIAN ASSISTANT TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200 et.
ADOPTED BY THE CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
(Revised MAY 13, 1998)**

- I. Each Primary Care Physician Assistant Training Program approved for funding under the Song-Brown Health Care Workforce Training Act (hereinafter “the Act”) shall meet the standards set forth by the Medical Board of California for the training of Assistants to the Primary Care Physician pursuant to Section 3500, Chapter 7.7, Div. 2 of the Business and Professions Code and to Section 1399.500, Article 1-7, Div. 13.8, Physician Assistant Examining Committee of the Medical Board of California, Title 16 of the California Code of Regulations.
- II. Each Primary Care Physician Assistant Training Program approved for funding under the Act shall include a component of training in medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare primary care physician assistants for service in such neighborhoods or communities.
- III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Primary Care Physician Assistants who are trained in the training program funded by the Act to enter into practice in areas of unmet priority need for primary care family physicians within California as defined by the Healthcare Workforce Policy Commission (hereinafter referred to as “areas of need”). Such strategies shall incorporate the following elements:
 - A. An established procedure to identify, recruit and admit primary care physician assistant trainees who possess characteristics which would suggest a predisposition to practice in areas of need, and who express commitment to serve in areas of need.
 - B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.
 - C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
STANDARDS FOR FAMILY NURSE PRACTITIONER TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
ADOPTED BY THE CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
(Revised MAY 13, 1998)**

- I. Each Family Nurse Practitioner Training Program approved for funding under the Song-Brown Health Care Workforce Training Act (hereinafter “the Act”) shall be operated by an accredited California School of Medicine or an accredited California School of Nursing or shall be approved by the Regents of the University of California or by the Trustees of the California State University and Colleges, or shall be approved by the Board of Registered Nursing pursuant to Section 2834-2837, Article 8, Chapter 6, Div. 2, of the Business and Professions Code.
- II. Each Family Nurse Practitioner Training Program approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare primary care nurse practitioners for service in such neighborhoods or communities.
- III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Primary Care Nurse Practitioners who are trained in the training program funded by the Act to enter into practice in areas of unmet priority need for primary care family physicians within California as defined by the Healthcare Workforce Policy Commission (hereinafter referred to as “areas of need”). Such strategies shall incorporate the following elements:
 - A. An established procedure to identify, recruit, and admit primary care nurse practitioner trainees who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.
 - B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.
 - C. A program component such as a preceptorship experience in an area or need, which will enhance the potential of training program graduates to practice in such an area.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
PRIMARY CARE PHYSICIAN ASSISTANT TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS
AND FOR PROGRAM EVALUATION
(Revised MAY 13, 1998)**

Definition of Physician Assistant

For purposes of this program, a physician assistant is defined as a primary care practitioner who meets the requirements of Div. 2, Chapt. 7.7, Section 3501 of Business and Professions Code, and is licensed by the Physician Assistant Examining Committee.

Program Accreditation

The Physician Assistant Training Program is accredited or has provisional accreditation from the Accreditation Review Committee on Education for the Physician Assistant.

Strategies Relating to Areas of Need

Special consideration by the Healthcare Workforce Policy Commission is given those training programs which have developed coherent strategies for locating their graduates in California's areas of unmet priority need for primary care family physicians as defined by the Commission; which developed close ties with communities and neighborhoods which are experiencing a shortage of medical care; which have success in attracting and admitting members of minority groups to the program; and which have the best records in placing graduates in medically underserved areas.

Integration with Family Practice Residency Training Programs

Primary care physician assistant training programs, which are integrated with family practice residency training programs, are given special consideration.

Curriculum

The curriculum should be structured to emphasize the diagnosis, treatment, and management of acute and chronic conditions of pediatric, adult and elderly patients. The curriculum should give appropriate emphasis to family oriented health care.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
PRIMARY CARE PHYSICIAN ASSISTANT TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS
AND FOR PROGRAM EVALUATION
(Revised MAY 13, 1998)**

Data Collection and Evaluation

Each training program should collect PA trainee and graduate data and should evaluate the program, trainees, and graduates to include at least the following:

1. Program Evaluation:
 - Systematic curriculum evaluation by faculty and PA trainees in reference to the stated purposes, objectives and conceptual framework of the program.
 - Effectiveness of the training program.
2. Student Data and Evaluation:

Tools shall be selected and/or developed that will provide descriptive information to include the following:

 - Number of applications for admissions, number of trainees enrolled.
 - Data on trainee characteristics (i.e. age, sex, race, educational background, previous work experience, including work setting, specialty, type of position).
 - Student attrition and deceleration.
 - Students fluent in a second language.
 - Performance of trainees in classroom and clinical areas.
3. Graduate Data and Evaluation:

Tools shall be selected and/or developed that will provide descriptive information to include the following:

 - Number of graduates per class.
 - Data on characteristics of graduates (i.e. age, sex, race, educational background, and previous work experience including work setting, specialty, and type of position).
 - Job selection, employment setting and location following graduation.
 - Graduates practicing in California, practicing primary care and practicing with underserved areas/populations.
 - Performance on PA National Certifying Examination.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
Revised October 7, 1998**

Definition of Family Nurse Practitioner

A family nurse practitioner is a registered nurse who successfully completes a program approved as meeting standards established by the Board of Registered Nursing as specified in the California Nursing Practice Act. Primary care nurse practitioners specialize to provide health care services to specific population groups. Primary care nurse practitioners:

1. Assess the health status of individuals and families through health history, physical examination, and interpret data from both individual/family community characteristics and knowledge derived from physical, psychological, social and cultural variables.
2. Initiate a plan of care that includes health promotion, health maintenance, disease prevention, treatment, guidance and counseling, education, and referral.
3. Work in collaboration with other health care providers and agencies to provide coordinated and comprehensive primary care.

Family nurse practitioners provide primary care to individuals from diverse cultural backgrounds across the life span within the context of her/his family and community. The American Nurses Credentialing Center and the American Academy of Nurse Practitioners provide national certification of Family Nurse Practitioners through validation of educational preparation and successful completion of a written examination.

Program Approval

The nurse practitioner training program shall be required to have, at minimum, approval from the California Board of Registered Nursing.

Additionally, programs should be encouraged to seek and maintain appropriate program accreditation through the professional organizations accrediting nursing education programs.

Criteria for program accreditation and evaluation, as stipulated in **Criteria for Evaluation of Nurse Practitioner Programs*** should be met by each program. These criteria address organization and administration, students, curriculum, resources, faculty and faculty organization, and evaluation.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
Revised October 7, 1998**

Strategies Relating to Areas of Need

Special consideration by the Healthcare Workforce Policy Commission is given those training programs which have developed coherent strategies for locating their graduates in California's areas of unmet priority need for primary care family physicians as defined by the Commission; which developed close ties with communities and neighborhoods which are experiencing a shortage of medical care; which have success in attracting and admitting members of minority groups to the program; and which have the best records in placing graduates in medically underserved areas.

Integration with Family Practice Residency Training Programs

Primary care nurse practitioner training programs which are integrated with family practice residency training programs are given special consideration.

Clinical Components

All training programs should include clinical practice supervised by the faculty. There should be a preceptorship designed to prepare the family nurse practitioner for practice in an area of unmet need for primary care as defined by the Healthcare Workforce Policy Commission. For the purposes of this training, a preceptorship is a primary care practice experience supervised by a designated preceptor (a nurse practitioner or physician) who has responsibility for teaching, supervising, and evaluating the trainee and providing an environment which permits observation, active participation and collaboration in the delivery of family - oriented care.

Curriculum

The curriculum shall be directed toward preparing registered nurses to function as family nurse practitioners and to effectively deliver primary health care.

The curriculum should be structured to emphasize the diagnosis, treatment, and management of acute and chronic conditions of pediatric, adult and elderly patients. The curriculum should give appropriate emphasis to family oriented health care.

The curriculum should be developed using the criteria of the National Organization of Nurse Practitioner Faculty (NONPF) **Curriculum Guidelines and Program Standards for Nurse Practitioner Education****. These guidelines delineate expected competencies in the practice areas of management of client health/illness status, the nurse-client relationship, the teaching-coaching function, the professional role, managing and negotiating health care delivery systems, and monitoring and ensuring the quality of health care practice.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
FAMILY NURSE PRACTITIONER TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
Revised October 7, 1998**

Data Collection and Evaluation

Each training program should submit a plan for collecting family nurse practitioner trainee and graduate data and should evaluate the program, trainees, and graduates to include at least the following:

1. Program Evaluation
 - a. Systematic curriculum evaluation by faculty and family nurse practitioner trainees in reference to the stated purposes, objectives, and conceptual framework of the program.
 - b. Effectiveness of the training program.
2. Student Data and Evaluation

Tools shall be selected and/or developed that will provide descriptive information to include the following:

 - a. Number of applications for admission, number of trainees enrolled.
 - b. Data on trainee characteristics (i.e., age, sex, race, educational background, previous work experience, including work setting, specialty, type of position).
 - c. Students attrition and deceleration.
 - d. Students fluent in a second language.
 - e. Performance of trainees in classroom and clinical areas.
3. Graduate Data and Evaluation

Tools shall be selected and/or developed that will provide descriptive information to include the following:

 - a. Number of graduates per class and attrition.
 - b. Data on trainee characteristics. (i.e., age, sex, race, educational background, previous work experience, including work setting, specialty, type of position).
 - c. Job selection, employment setting, and location following graduation.
 - d. Graduates practicing in California, practicing primary care and practicing with underserved areas/populations.

*National Task Force on Quality Nurse Practitioner Education (1997). Criteria for Evaluation of Nurse Practitioner Programs. Washington DC: National Organization of Nurse Practitioner Faculties.

**National Organization of Nurse Practitioner Faculties. (1995). Curriculum Guidelines and Program Standards for Nurse Practitioner Education. Washington DC: National Organization of Nurse Practitioner Faculties.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
OPERATING GUIDELINES
ADOPTED JUNE 10, 1999
(Revised February 17, 2000)**

The California Healthcare Workforce Policy Commission values the expertise and perspective of applicants and encourages their input. In order to manage the application process in the most effective and efficient manner, the Commission has adopted operating guidelines to provide open communication that is fair and manageable and allows for progress to be made in the limited time available. The Commission hopes that the operating guidelines will allow everyone adequate opportunity for input.

GENERAL COMMUNICATIONS:

To communicate outside of Commission meetings, information and/or materials should be forwarded to the Program Administrator, who will consult with the Commission Chair as to how best to disseminate the information to Commissioners.

APPLICATIONS:

The deadline date for completed applications is firm. Exceptions will be made at the discretion of the Chair. Information missing from incomplete applications may be submitted **only until deadline date**. Exceptions will be made at the discretion of the Chair. Past funding does not guarantee future funding.

FORMAL PRESENTATIONS DURING COMMISSION MEETINGS:

No special audio visual aids may be used during presentations. Any changes in the order of presentations required by a Program Director's schedule are the responsibility of that Program Director. Staff should be notified in advance of any changes. Presenters should identify themselves by name, title and institution at the podium. Presentations should be a maximum of 10 minutes, not including question and answer period from the Commission. Number of presenters should be limited, preferably to one.

Presentation may include:

- Brief summary of the application
- Any new information or information not in the application
- Progress report/updates on activity
- How this application or program is different
- Key highlights/accomplishments

Any new written information not in the application must be submitted to the Program Administrator and approved by the Chair before presentation to the Commission.